2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000546

FILED Apr 10, 2009 Secretary of State

Entity Name: HARBOR PROFESSIONAL CENTRE I CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|--|--|--|--|
| 3390 TAM | IIAMI TRL | | | |
| STE 101 PUNTA G | ORDA, FL 33 | 3950 | | |
| Current Mailing Address: | | New Mailing Address: | | |
| | REVE ST STE ORDA, FL 33 | | | |
| FEI Number | : 83-0363202 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of | Current Registered Agent: | Name and Address o | of New Registered Agent: |
| BENNETT | T, DOROTHY | 115 | | |
| | ORDA, FL 33 | 3950 US | | |
| 2421 SHR PUNTA G The above | · | | purpose of changing its registere | d office or registered agent, or both, |
| 2421 SHR PUNTA G The above in the Stat | e named entity e of Florida. | | purpose of changing its registered | d office or registered agent, or both, |
| 2421 SHR PUNTA G The above in the Stat | e named entity e of Florida. RE: | | | d office or registered agent, or both, Date |
| 2421 SHR PUNTA G The above in the Stat SIGNATU | e named entity e of Florida. RE: | submits this statement for the onic Signature of Registered Ag | ent | Date |
| 2421 SHR PUNTA G The above in the Stat SIGNATU | e named entity e of Florida. RE: Electro S AND DIRECT D (ANTARIKSHA, 3390 TAMIAM | r submits this statement for the onic Signature of Registered Agentons:) Delete | ent | Date |
| 2421 SHR PUNTA G The above in the Stat SIGNATU OFFICER Title: Name: Address: | e named entity e of Florida. RE: Electro S AND DIRECT OF THE OF | v submits this statement for the onic Signature of Registered Agenta CTORS:) Delete , KERI II TRL STE 101 OTTE, FL 33952) Delete | ent ADDITIONS/CHANGI Title: Name: Address: | Date ES TO OFFICERS AND DIRECTORS |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M. BENNETT CAM 04/10/2009